

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09785376

FILING DATE

09/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13		12		11		
14		1		1		
15		12		11		
16		12		11		
17		12		11		
18		12		11		
19		12		11		
20		2		6		
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50						
TOTAL IND.	12		11			
TOTAL DEP.				73		
TOTAL CLAIMS	29		84			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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